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CENTRAL FAX CENTER

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)


Total Number of Pages in This Submission 18

| | |
|------------------------|---------------|
| Application Number | 10/691,982 |
| Filing Date | 10-22-2003 |
| First Named Inventor | Melideo |
| Art Unit | 2666 |
| Examiner Name | Patel |
| Attorney Docket Number | J000-P03055US |

ENCLOSURES (Check all that apply)

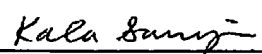
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form PTO-2038 |
| Remarks _____ | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | SoCal IP Law Group, LLP | | |
| Signature |  | | |
| Printed name | Mark Andrew Goldstein | | |
| Date | 3/15/06 | Reg. No. | 50,759 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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| Signature |  | | |
| Typed or printed name | Kala Sarvaiya | Date | 3/15/2006 |

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CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****MAR 15 2006**

Appl. No. : 10/691,982 Confirmation No. 2457
Applicant : Melideo
Filed : 10-22-2003
TC/A.U. : 2666
Examiner : Patel
Docket No. : J000-P03055US
Customer No. : 33356

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

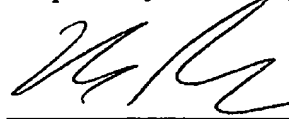
Information Disclosure Statement

Dear Sir:

An Information Disclosure Statement form PTO/SB/08A is enclosed. A copy of the single foreign patent is enclosed. This Information Disclosure Statement is being filed under 37 CFR 1.97(c), since it is before the mailing date of any of a final action under § 1.113, a notice of allowance under § 1.311, or an action that otherwise closes prosecution in the application. Please charge the IDS fee specified in § 1.97(c)(2) and 1.17(p) pursuant to the enclosed credit card payment form.

Please apply any additional charges or credits to Deposit Account No. 503456.

Respectfully submitted,



Mark A. Goldstein, Reg. No. 50,759

Date: March 15, 2006

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete If Known

| | |
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| Application Number | 10/691,982 |
| Filing Date | 10-22-2003 |
| First Named Inventor | Melideo |
| Art Unit | 2666 |
| Examiner Name | Patel |
| Attorney Docket Number | J000-P03055US |

Sheet 1 of 1

U. S. PATENT DOCUMENTS

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FOREIGN PATENT DOCUMENTS

[illegible]

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.18 if possible. ⁶ Applicant is to place a check mark here if English language translation is attached.

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